Environmental Quality Department
Application for Wastewater Discharge Permit

302 Slocum Lake Rd., Wauconda, IL 60084
Phone 847-526-9610 Fax 847-526-2571

SECTION A - GENERAL INFORMATION

A-1. Business Name: _____

Provide the official or legal name of the business

A-2. Owner Name: _____

Provide the name of the person, firm, or organization that legally owns the facility

A-3. Operator Name: _____

If the business operator is not the owner, provide the address of both and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the business

A-4. Facility Address

Provide the physical location of the facility to be permitted

Street: _____

City: _____ State: _____ Zip: _____

A-5. Business Mailing Address

Provide the address where day-to-day correspondence will be mailed

Street: _____

City: _____ State: _____ Zip: _____

A-6. Designated Signatory Authority

Attach similar information for each representative authorized to sign official documents for the facility

Name: _____ Phone: _____

Title: _____

A-7. Designated Facility Contact

For regular day-to-day business

Name: _____ Phone: _____

Title: _____

SECTION B - BUSINESS ACTIVITY

B-1. Industrial Classification

Indicate all processes that apply to your facility. Circle all that apply.

Aluminum forming
Asbestos manufacturing
Battery manufacturing
Builder's paper and board milling
Carbon black manufacturing
Cement manufacturing
Coal mining
Coil coating / can manufacturing
Copper forming
Dairy products processing
Electroplating
Electrical and electronic components
Explosives manufacturing
Feedlots
Ferroalloy manufacturing
Fertilizer manufacturing
Fruits and vegetables processing
Glass manufacturing
Grain mills manufacturing
Gum and wood chemicals
Hospitals
Industrial laundry
Ink formulating
Inorganic chemicals
Iron and steel manufacturing
Leather tanning and finishing
Meat products
Metal finishing
Metal molding and casting
Metal products and machinery
Mineral mining and processing
Nonferrous metals forming
Nonferrous metals manufacturing
Oil and gas extraction
Ore mining and dressing
Organic chemicals, plastics & synthetic fibers
Paint formulation
Paving & roofing materials
Pesticide chemicals
Petroleum refining
Pharmaceutical manufacturing
Phosphate manufacturing
Photographic
Plastics molding & forming
Porcelain enameling
Pulp, paper, & paperboard
Rubber manufacturing
Seafood processing
Soap & detergent manufacturing
Steam electric power generating
Textile mills
Sugar processing
Timber products processing
Transportation equipment cleaning
Waste treatment

B-2. Industrial Activity:

Provide a brief description of the production or service activities performed at the facility

B-3. North American Industry Classification System (NAICS)

Include the number and description of all codes that apply to your facility. List in descending order of importance.

a. _____

b. _____

c. _____

d. _____

e. _____

B-4. Production Volume

List the products manufactured by your facility. Give both the common and brand name and the proper or scientific name. Enter the amounts produced and the units of production. Attach additional sheets if necessary.

Product	Previous Calendar Year		Present Calendar Year	
	Average	Maximum	Average	Maximum

SECTION C - WATER SUPPLY

C-1. Water Sources

Circle all that apply

Private well Surface water Wauconda Water Department

Storage tank (volume & type) _____

Other source (explain) _____

C-2. Water Bill Information

Name: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

C-3. Water Service Account Number: _____

C-4. Water Usage

Provide average usage in gallons per day and indicate whether the volume is measured [M] or estimated [E]

	Type of Use	Average Volume Used	Units (gals, cu.ft., etc.)	M	E
a.	Contact cooling				
b.	Non-contact cooling				
c.	Boiler feed				
d.	Process				
e.	Sanitary				
f.	Air pollution control				
g.	Contained in product				
h.	Washdown				
i.	Irrigation				
j.	Other				

SECTION D - SEWER INFORMATION

D-1. (a) Existing Business

Is the facility presently connected to the public sewer system? **YES** **NO**

(b) New Business

Will your facility be occupying an existing building? **YES** **NO**

Have you applied for a building permit? **YES** **NO**

Will this facility be connected to the public sewer system? **YES** **NO**

D-2. Sewer Connections

List size, location, and average flow in gallons per day of each connection. Attach additional sheets if necessary.

	Size (in.)	Flow (GPD)	Location
#1			
#2			
#3			

SECTION E - WASTEWATER DISCHARGE INFORMATION

E-1. Wastewater Type

Does this facility discharge waste other than domestic (restroom) into the public sewer system? **YES** **NO**

*If **YES** (non-domestic wastes), complete the remainder of the application.*
*If **NO** (domestic wastes only), go to SECTION I of this application.*

E-2. Proposed Wastewater Flow

Indicate the hours, times and volumes that non-domestic wastes are discharged.

Day of Week	Duration of Discharge	Discharge Flow Rates			Hours of Discharge
		Peak Hourly	Maximum Daily	Daily Average	
Mon.					To
Tues.					To
Wed.					To
Thurs.					To
Fri.					To
Sat.					To
Sun.					To

E-3. Proposed Batch Processes

Complete and attach this information for each batch process. If no batch discharge occurs, go to E-4

#1	Type of process:		Volume (gal):	
	Frequency:		Duration:	
	Flow rate (gpm):		% of total flow:	
#2	Type of process:		Volume (gal):	
	Frequency:		Duration:	
	Flow rate (gpm):		% of total flow:	
#3	Type of process:		Volume (gal):	
	Frequency:		Duration:	
	Flow rate (gpm):		% of total flow:	

E-4. Schematic Flow Diagram

Submit a schematic flow diagram for each major activity in which wastewater is generated. Include in each drawing the flow of all materials, products, water, and wastewater from the beginning of the activity to its completion showing all unit processes. Include daily average and maximum flow volumes and indicate if this actual or estimated information. Indicate processes that use water and which generate wastestreams. Number each process and use these numbers to identify the process in the building layout drawing in SECTION H.

This drawing must be certified by a State Registered Professional Engineer.

E-5. Non-Categorical Users

If you selected any category in question B-1, go to question E-6. Otherwise, provide information for each facility process. Include the process reference number from your schematic, process name, flows in gallons per day, and type of discharge (batch, continuous, or none).

No.	Process Description	Average Flow	Maximum Flow	Type

E-6. Categorical Users

Provide information for each facility process. Include the process reference number from the schematic, process name, flows in gallons per day, and type of discharge (batch, continuous, or none).

No.	REGULATED Process Description	Average Flow	Maximum Flow	Type

No.	UNREGULATED Process Description	Average Flow	Maximum Flow	Type

No.	DILUTION Sources	Average Flow	Maximum Flow	Type

E-7. Categorical Users Subject To Total Toxic Organic (TTO) Requirements

a. Does this facility use any toxic organics listed under the TTO standard of the applicable EPA categorical pretreatment standards? **YES** **NO**

b. Has a baseline monitoring report (BMR) been submitted which contains TTO information? **YES** **NO**

c. Has a toxic organics management plan (TOMP) been developed for this facility? **YES** **NO**

*If **YES**, please attach a copy with this document.*

E-8. Flow Metering & Sampling Instrumentation

Circle whether you have or plan to have the following equipment at this facility

Monitoring manhole:	**Existing**	**Proposed**
Automatic sampling equipment:	**Existing**	**Proposed**
Flow metering:	**Existing**	**Proposed**

Provide the location and description of any existing equipment:

E-9. Process Changes and Expansions

Describe below any process changes or expansions planned within the next three years that may change the characteristics or volume of wastewater discharge.

E-10. Reclamation Systems

Indicate if any water or materials recovery processes are utilized. **YES** **NO**

*If **YES**, describe below and submit a flow diagram for each process. Include a description of the process, substances recovered, and spent solution characteristics.*

SECTION F - CHARACTERISTICS OF DISCHARGE

If renewing a discharge permit, do not complete this section. If applying for a new permit, enter any values from previous wastestream analyses, enter typical values from similar facility, or indicate any parameter that is expected to be present.

Pollutant	Detection Limit	Units	Maximum Value	Units	Average Value	Units	Number of Analyses
Acenaphthene							
Acrolein							
Acrylonitrile							
Benzene							
Carbon tetrachloride							
Chlorobenzene							
1,2,4-Trichlorobenzene							
Hexachlorobenzene							
1,2-Dichloroethane							
1,1,1-Trichloroethane							
Hexachloroethane							
1,1-Dichloroethane							
1,1,2-Trichloroethane							
1,1,2,2-Tetrachloroethane							
Chloroethane							
Bis (2-chloroethyl) ether							
17 Bis (chloromethyl) ether							
2-Chloroethyl vinyl ether							
2-Chloronaphthalene							
2,4,6-Trichlorophenol							
Parachlorometa cresol							
Chloroform							
2-Chlorophenol							
1,2-Dichlorobenzene							
1,3-Dichlorbenzene							
1,4-Dichlorobenzene							
3,3-Dichlorobenzidine							
1,1-Dichloroethylene							
1,2-Trans-dichloroethylene							
2,4-Dichlorophenol							
1,2-Dichloropropane							
1,2-Dichloropropylene							
1,3-Dichloropropylene							
2,4-Dimethylphenol							
2,4-Dinitrotoluene							
2,6-Dinitrotoluene							
1,2-Diphenylhydrazine							

Pollutant	Detection Limit	Units	Maximum Value	Units	Average Value	Units	Number of Analyses
Ethylbenzene							
Fluoranthene							
4-Chlorophenyl phenyl ether							
4-Bromophenyl phenyl ether							
Bis(2-chloroisipropyl) ether							
Bis(2-chloroethoxy) methane							
Methylene chloride							
Methyl chloride							
Methyl bromide							
Bromoform							
Dichlorobromomethane							
Chlorodibromomethane							
Hexachlorobutadiene							
Hexachlorocyclopentadiene							
Isophorone							
Naphthalene							
Nitrobenzene							
Nitrophenol							
2-Nitrophenol							
4-Nitrophenol							
2,4-Dinitrophenol							
4,6-Dintro-o-cresol							
N-nitrosodimethylamine							
N-nitrosodiphenylamine							
N-nitrosodi-n-propylamine							
Pentachlorophenol							
Phenol							
Bis(2-ethylhexyl) phthalate							
Butyl benzyl phthalate							
Di-n-butyl phthalate							
Di-n-octyl phthalate							
Diethyl phthalate							
Dimethyl phthalate							
Benzo(a)anthracene							
Benzo(a)pyrene							
3,4-benzofluoroanthene							
Benzo(k)fluoroanthene							
Chrysene							
Acenaphthylene							
Anthracene							
Benzo(ghi)perylene							

Pollutant	Detection Limit	Units	Maximum Value	Units	Average Value	Units	Number of Analyses
Fluorene							
Phenanthrene							
Dibenzo(a,h)anthracene							
Ideno(1,2,3-cd)pyrene							
Pyrene							
Tetrachloroethylene							
Vinyl chloride							
Aldrin							
Dieldrin							
Chlordane							
4,4'-DDT							
4,4'-DDE							
4,4'-DDD							
Alpha-endosulfan							
Beta-endosulfan							
Endosulfan-sulphate							
Endrin							
Endrin aldehyde							
Heptachlor							
Heptachlor epoxide							
Alpha-BHC							
Beta-BHC							
Gamma-BHC							
Delta-BHC							
PCB-1242							
PCB-1254							
PCB-1221							
PCB-1232							
PCB-1248							
PCB-1260							
PCB-1016							
Toxaphene							
TCDD (Dioxin)							
Asbestos							
Acidity							
Alkalinity							
Bacteria							
BOD5							
COD							
Chloride							
Chlorine							

Pollutant	Detection Limit	Units	Maximum Value	Units	Average Value	Units	Number of Analyses
Fluorine							
Hardness							
Magnesium							
NH3-N							
Oil and Grease							
TSS							
TOC							
Kjeldahl N							
Nitrate N							
Nitrite N							
Organic N							
Orthophosphate P							
Phosphorus							
Sodium							
Specific Conductivity							
Sulphate (SO4)							
Sulfide (S)							
Sulphite (SO3)							
Antimony							
Arsenic							
Barium							
Beryllium							
Cadmium							
Chromium							
Copper							
Cyanide							
Lead							
Mercury							
Molybdenum							
Nickel							
Selenium							
Silver							
Thallium							
Zinc							

SECTION G – TREATMENT

G-1. Proposed In-house Treatment

Does this facility utilize any wastewater treatment equipment or process? **YES** **NO**

Will any facility wastewater be treated prior to discharge to the public system? **YES** **NO**

*If you answered **YES** to either question above, complete all of Section G; otherwise go to Section H.*

G-2. Process Types

Indicate the type of waste treatment utilized at this facility. Circle all that apply.

Air Flotation
Centrifuge
Chemical Precipitation
Chlorination
Cyclone
Filtration
Flow Equalization
Grease/Oil
Grease Trap
Grinding Filter
Grit Removal
Ion Exchange
Neutralization
Ozonation
Reverse Osmosis
Screen
Sedimentation
Septic Tank
Solvent Separation
Spill Protection
Separation Sump
Biological Treatment
Rainwater diversion/storage
Other Chemical Treatment
Other Physical Treatment
Other Treatment

G-3. Treatment Description and System Diagram

Attach a description of each process checked in G-2. Include pollutant loadings, flow rates, design capacity, physical size, and operating procedures. Also, attach a process flow diagram for each existing waste treatment system described. Include process equipment, additives used, by-products, by-product disposal method, and waste and by-product volumes.

G-4. Changes in Pretreatment System

Are any changes or additions in waste treatment planned within three years? **YES** **NO**

*If **YES**, attach a description and estimated completion date.*

G-5. Waste Treatment Operator

Does this facility have a waste treatment operator? **YES** **NO**

*If **YES**, supply the information below.*

Name: _____

Title: _____ Phone: _____

Work Schedule: _____

G-6. System Operation Manual

Is there a manual for the correct operation of the treatment system? **YES** **NO**
*If **YES**, attach a copy.*

G-7. Pretreatment System Maintenance

Is there a written schedule of maintenance for the treatment equipment? **YES** **NO**
*If **YES**, attach a copy.*

SECTION H - FACILITY OPERATIONAL CHARACTERISTICS

H-1. Shift Information

If shifts are overlapping or variable, attach an explanation of work schedule.

Day of Week	Shifts Per Day	Employees Per Shift			Shift Begin & End Times		
		1st	2nd	3rd	1st	2nd	3rd
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

H-2. Annual Operation

Circle type of annual operation. If seasonal or intermittent, describe times of operation below

Business Activity: Continuous, throughout the year Seasonal or intermittent

Waste Discharge: Continuous, throughout the year Seasonal or intermittent

H-3. Periodic Shutdown

Does operation cease during periods of maintenance, vacation, etc.? **YES** **NO**

*If **YES**, describe reasons and periods of shutdown below.*

H-4. Raw Materials

Attach a list of the specific types of raw materials and the amounts (mass or volume per day) used or planned for use and/or storage at the facility.

H-5. Chemicals

Attach a list of the specific types of chemicals and the amounts (mass or volume per day) used or planned for use and or storage at the facility. Include a Manufacturer's Safety Data Sheet (MSDS) for each compound listed.

H-6. Building Layout

Attach a scale drawing showing locations of all buildings and structures on the facility premises. Show map orientation and location of water meters, storm sewers, numbered unit processes (see E-4), storage tanks, public sewers, and all facility sewer lines connected to the public sewers. Number each sewer and show existing and proposed sampling locations.

This drawing must be certified by a State Registered Professional Engineer.

SECTION I - SPILL PREVENTION

I-1. Materials Storage

Does the facility utilize any chemical storage tanks, bins, or ponds? **YES** **NO**

Are there any underground storage tanks on the premises? **YES** **NO**

Does all chemical storage have adequate spill containment? **YES** **NO**

Attach a description of the location, type, contents, size, containment, refill procedures & times, and frequency & method of cleaning of each tank.

I-2. Floor Drains

Are there any floor drains in production or chemical storage areas? **YES** **NO**

*If **YES**, indicate where the floor drains discharge.*

To public sewer To ground surface To storm drain On-site disposal Other

I-3. Spill Prevention Plan

Does this facility have an accidental spill prevention plan to prevent chemical spills or slug discharges form entering the public disposal system? **YES** **NO**

*If **YES**, enclose a copy.*

SECTION J - OTHER WASTES

J-1. Non-Sewered Wastes

Are any wastes generated that are not disposed of through the public sewer system? **YES** **NO**

*If **YES**, describe the waste generated, the quantity, frequency, and disposal method, otherwise go to Section K.*

_____

_____

_____

_____

J-2. Waste Disposal

Indicate below the name and address of any waste haulers and/or waste receiving facilities utilized by your facility. Identify the waste handled by each separate hauler/facility.

J-3. Permits

Has or will this facility be issued any Federal, State, or local environmental permits? YES NO

*If **YES**, list permit type and number:*

SECTION K - AUTHORIZED SIGNATURES

K-1. Compliance Certification

Will any additional operational and/or maintenance procedures or equipment be necessary to bring this facility into compliance? YES NO

*If **YES**, explain below and attach a schedule of milestone activities and estimated completion dates.*

K-2. Authorized Representative Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: _____ Date: _____

Title: _____ Phone: _____

Signature: _____